CARIM Newsletter April 2019

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Donate and help us to raise money. From university to university. Together we can ensure that education in Mozambique can continue. If a cyclone destroys everything, you put your shoulders together.

IBAN: NL21 INGB 0653 6632 42 under the name Stichting Universiteitsfonds Limburg/SWOL referring to Care for Beira, Maastricht University

Maastricht University | Maastricht UMC+

School for Cardiovascular Diseases

This newsletter contains information on the following subjects:

CARIM newsletter

Contributions for the newsletter (e.g. news of events and grants, important publications, societial impact related topics and research results related to CARIM's research) can be sent to carim-office@maastrichtuniversity.nl. Please submit the text in English and include a short title. The text should be max. 200 words. If applicable, include high resolution pictures and other documents.

If you have a top publication or a translational development worth mentioning, please contact CARIM Office.

SAVE THE DATE:
CARIM SYMPOSIUM - 20 November 2019

HS-BAFTA's - Deadline 1 May 2019

Early recognition of talent is one of the key strategies of CARIM to coach and prepare gifted young academics for their future academic career. CARIM stimulates and supports talented students and staff by offering grants for research programs at each step of their career, be it at Bachelor, Master, post graduate, PhD or post-doc level. These grants will be enabled through our 'Harry Struijker-Boudier award for talented academics' (HS-BAFTA). The HS-BAFTA is intended for three groups of young scientific researchers.

1. HS-BAFTA Talented future PhD candidates
2. HS-BAFTA Talented PhD candidates
3. HS-BAFTA Talented postdocs (former Postdoctoral Talent Fellowship)

Please click on the category for the calls, procedures and application forms for each category. **Deadline :1 May 2019**

Twitter

Click here to follow CARIM on Twitter.

Please contact Tara de Koster, Rory Koenen or Kristiaan Wouters if you want to send a Tweet via the CARIM account!

DataHub: towards a FAIR future

DataHub provides data management services for (non-)clinical studies to researchers in both the Faculty of Health Medicine and Life Sciences and the academic hospital. Together with our partners MEMIC, CTCM and the Grants Office, DataHub aims to ease the burden on the researcher with regards to all aspects of research data management and secure data storage, in order to save you time for doing where your heart lies: conducting research.

Our modern, state-of-the-art infrastructure is more than just a data archive. Not only we provide a smart storage solution for your research data; depending on the requirements, prices range from €15 to €320 per terabyte per year. We can also assist in increasing the interoperability of your research data by adding metadata. Adding metadata will enable you to find and recombine these data for reuse in future ground-breaking research. Our more advanced research data management services consist of double pseudonymisation and automatically loading data from the electronic health records within the hospital to an electronic Case Report Form application (eCRF) like Castor EDC or MACRO EDC. For more insight into our extensive range of services and the services we are currently working on, please have a look at our collaboration projects.

DataHub currently provides data management services to approximately 200 researchers within Maastricht UMC+. Managing about 130 terabytes and 100 research projects, DataHub acts as a data broker to enable researchers from multiple disciplines to reuse valuable data from the hospital, the university, and beyond. DataHub works according to the FAIR principles, which specify that data and metadata should be findable, accessible, interoperable and reusable.

Our Service Catalogue provides more information about the DataHub services. Or why not sign up for DMPMaastricht for writing an effective Data Management Plan? For more information, visit our website or contact us via e-mail.

Paramount Papers: 2 NEJM papers Harry Crijns

Early or Delayed Cardioversion in Recent-Onset Atrial Fibrillation

Patients with recent-onset atrial fibrillation commonly undergo immediate restoration of sinus rhythm by pharmacologic or electrical cardioversion. However, whether immediate restoration of sinus rhythm is necessary is not known, since atrial fibrillation often terminates spontaneously.

In a multicenter, randomized, open-label, noninferiority trial, we randomly assigned patients with hemodynamically stable, recent-onset (<36 hours), symptomatic atrial fibrillation in the emergency department to be treated with a wait-and-see approach (delayed-cardioversion group) or early cardioversion. The wait-and-see approach involved initial treatment with rate-control medication only and delayed cardioversion if the atrial fibrillation did not resolve within 48 hours. The primary end point was the presence of sinus rhythm at 4 weeks. Noninferiority would be shown if the lower limit of the 95% confidence interval for the between-group difference in the primary end point in percentage points was

more than −10.

The presence of sinus rhythm at 4 weeks occurred in 193 of 212 patients (91%) in the delayed-cardioversion group and in 202 of 215 (94%) in the early-cardioversion group (between-group difference, −2.9 percentage points; 95% confidence interval [CI], −8.2 to 2.2; P=0.005 for noninferiority). In the delayed-cardioversion group, conversion to sinus rhythm within 48 hours occurred spontaneously in 150 of 218 patients (69%) and after delayed cardioversion in 61 patients (28%). In the early-cardioversion group, conversion to sinus rhythm occurred spontaneously before the initiation of cardioversion in 36 of 219 patients (16%) and after cardioversion in 171 patients (78%). Among the patients who completed remote monitoring during 4 weeks of follow-up, a recurrence of atrial fibrillation occurred in 49 of 164 patients (30%) in the delayed-cardioversion group and in 50 of 171 (29%) in the early-cardioversion group. Within 4 weeks after randomization, cardiovascular complications occurred in 10 patients and 8 patients, respectively.

In patients presenting to the emergency department with recent-onset, symptomatic atrial fibrillation, a wait-and-see approach was noninferior to early cardioversion in achieving a return to sinus rhythm at 4 weeks. (Funded by the Netherlands Organization for Health Research and Development and others; RACE 7 ACWAS ClinicalTrials.gov number, NCT02248753.)

Pluymaekers N, Dudink E, Luermans J, Meeder J, Lenderink T, Widdershoven J, Bucx J, Rienstra M, Kamp O, Opstal J van, Alings M, Oomen A, Kirckhof C, Dijk V van, Ramanna H, Liem A, Dekker L, Essers B, Tijssen J, Gelder I van, Crijns H. for the RACE 7 ACWAS Investigators

The New England Journal of Medicine DOI: 10.1056/NEJMoa1900353

Click here for the full article

Coronary Angiography after Cardiac Arrest without ST-Segment Elevation

Ischemic heart disease is a major cause of out-of-hospital cardiac arrest. The role of immediate coronary angiography and percutaneous coronary intervention (PCI) in the treatment of patients who have been successfully resuscitated after cardiac arrest in the absence of ST-segment elevation myocardial infarction (STEMI) remains uncertain.

In this multicenter trial, we randomly assigned 552 patients who had cardiac arrest without signs of STEMI to undergo immediate coronary angiography or coronary angiography that was delayed until after neurologic recovery. All patients underwent PCI if indicated. The primary end point was survival at 90 days. Secondary end points included survival at 90 days with good cerebral performance or mild or moderate disability, myocardial injury, duration of catecholamine support, markers of shock, recurrence of ventricular tachycardia, duration of mechanical ventilation, major bleeding, occurrence of acute kidney injury, need for renal-replacement therapy, time to target temperature, and neurologic status at discharge from the intensive care unit.

At 90 days, 176 of 273 patients (64.5%) in the immediate angiography group and 178 of 265 patients (67.2%) in the delayed angiography group were alive (odds ratio, 0.89; 95% confidence interval [CI], 0.62 to 1.27; P = 0.51). The median time to target temperature was 5.4 hours in the immediate angiography group and 4.7 hours in the delayed angiography group (ratio of geometric means, 1.19; 95% CI, 1.04 to 1.36). No significant differences between the groups were found in the remaining secondary end points.

Among patients who had been successfully resuscitated after out-of-hospital cardiac arrest and had no signs of STEMI, a strategy of immediate angiography was not found to be better than a strategy of delayed angiography with respect to overall survival at 90 days. (Funded by the Netherlands Heart Institute and others; COACT Netherlands Trial Register number, NTR4973.)

Lemkes J, Janssens G, Hoeven van der, Jewbali L, Dubois E, Meuwissen M, Rijpstra T, Bosker H, Blans M, Bleeker G, Baak R, Vlachojannis G, Eikemans B, Harst P van der, Horst I van der, Voskuil M, Heijden J van der, Beishuizen A, Stoel M, Camaro C, Hoeven H van der, Henriques J, Vlaar A, Vink M, Bogaard B van den, Heestermans T, Ruijter W de, Delnoij T, Crijns H, Jessurun G, Oemrawsingh P, Gosselink M, Plomp K, Magro M, Elbers P, Ven van de P, Oudemans-van Straaten H and Royen N van

The New England Journal of Medicine DOI: 10.1056/NEJMoa1816897

Click here for the full article

Grants for Individuals – Spring 2019

Are you preparing a Veni for ZonMW, AES, SSH in January 2020? If so, you need to submit a pre-proposal in August 2019!
Do you want to know how to best structure your pre-proposal?
Could you use some guidance in how to frame your pre-proposal?
Do you want to know how funding proposals are reviewed?

Then register for the Spring 2019 training 'Grants for Individuals – Veni pre-proposals'!

Click here for more information

Grants & prizes

ZonMW subsidie Hart voor duurzame zorg - Deadline: 9 april 2019
Click here for more information

Lorentz-eScience competition 2020 **- Deadline: 15 April 2019**

International prize for Biology **- Deadline 19 April 2019**

Niels Stensen 2019 **- Deadline: 1 May 2019**

NWO Physics Valorisation Prize **- Deadline 1 May 2019**

NWA onderzoeksprogramma 'Onderzoek op routes door consortia' - Deadlines: 9 May & 6 June 2019
Click here for more information

Dutch L'Oréal UNESCO For Women in Science fellowships 2020 - Deadline: 17 May 2019
Click here for more information

Stichting De Drie Lichten - Deadline: 15 September 2019

KNAW Van Walree beurs - Deadlines: 1 February, 1 June, 1 October 2019
Click here for more information

KNAW fondsen en prijzen

The calendar/overview of the prizes the FHML/UM would like to nominate candidates for is available on: https://researchoffice.mumc.maastrichtuniversity.nl/prize-calendar

Who's new?!

Kjeld Vossen finished his medical degree in December 2018 at Maastricht University and is working as a doctor-researcher since the first of February at CARIM. Kjeld is 24 years old and lives in Maastricht. His research is about teleguiding for heartfailure patients. Kjeld is interested in innovation in healthcare and the use of eHealth.

CARDIOVASCULAR GRAND ROUNDS

5 April - Daniël Pijnappels, Leiden University Medical Center

'New biology as basis for novel therapy: The heart as defibrillator'

Starts at 7.45 am, Academic hospital Maastricht, Meeting room A3-B3, level 3
Breakfast included! Registration not necessary.

Click here for the full programme of Q1 2019

Lectures, symposia & events

Lectures on Research Ethics and Integrity Studium Generale - 1 April 2019
Click here for more information

Wetenschapsmiddag AIOS/ANIOS/Arts-onderzoekers/Semi-artsen - 3 april 2019
Click here for more information

Lecture Prof. André Kleber - 8 April 2019

Online PhD writing 1 - Anytime, Anywhere

COST information session **- 11 April 2019**

3rd joint European Microcirculation and Vascular Biology Conference (Maastricht, NL) - 15-18 April 2019
Click here for more information

Niels Stensen Fellowship information session - 16 April 2019

MosaCell symposium - 7 May 2019

Information session on NWO Rubicon Programme - 7 May 2019

Symposium SKiN-HUID "Progress in Personalised Medicine Developing a novel biopharmaceutical, from bench to production" - 16 May 2019

Molecular Mechanisms of Tissue Injury, Repair and Fibrosis - 23-31 May 2019 (Greece)
Click here for more information

Imaging of the vulnerable atherosclerotic plaque - biological insights - 25 May 2019
Click here for more information

EAS Satellite meeting Immunometabolism - 25-27 May 2019

ConScience App Studium Generale - 6 June 2019
Click here for more information

37th International Symposium on Diabetes and Nutrition - 12-15 June 2019
Click here for more information

Helmholtz-Symposium Aachen 2019 - 14 June 2019
Click here for more information

NHI 3rd Translational Cardiovascular Research Meeting (Utrecht, NL) - 27-28 June 2019
Click here for more information

Agendaladder KNAW

Upcoming CARIM School Council meetings 2019:
- 11 April, 11.00-13.00 hours, Co Greepzaal UNS 60
- 6 June, 11.00-13.00 hours, Co Greepzaal UNS 60
- 10 October, 11.00-13.00 hours Co Greepzaal UNS 60

Academic events

PhD Conferral Mindy Vroomen, 11 April 16.00 hours
Promotors: Prof. H.J.G.M. Crijns; Prof. L. Pison (Leuven)
Co-promotor: Dr B. Maesen
Title: 'The evolving landscape in the hybrid treatment of atrial fibrillation'

PhD Conferral Frederique Peeters, 18 April 10.00 hours
Promotors: Prof. H.J.G.M. Crijns; Prof. L.J. Schurgers
Co-promotors: Dr S.J. R. Meex; Dr B.L.J.H. Kietselaer (Zuyderland MC)
Title: 'The snowball effect in aortic valve disease; gaining insight in imaging, circulating and tissue biomarkers towards a halt in disease progression'

www.carimmaastricht.nl

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